

Milewood Healthcare Ltd

# Harlington House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Harlington House is a residential care home providing personal care. The service is registered to support up to 17 people with mental health needs or learning disability. The home is divided into 2 areas; Harlington House, which is a 3 storey older detached building containing individual flats, and the Lodge on the same site, which is a more modern building and has 2 floors. At the time of our inspection there were 12 people using the service.

### People's experience of using this service and what we found

**Right Support:** Staff supported people to achieve their aspirations and goals. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

**Right Care:** Risks associated to people's health were not always effectively managed. Overall, people's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

**Right Culture:** Systems to identify risk were not always effective and this meant there was aspects of people's health which were not monitored completely. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. The manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was inadequate (published 8 June 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made, the breaches had been met in relation to safe care, person-centred care and staffing. Further work was needed in relation to good governance and the provider was found to still be in breach of this regulation.

This service has been in Special Measures since 8 June 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or

in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service in January 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We undertook this focused inspection to check they had followed their action plan and to see if they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Harlington House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to good governance at this inspection. Please see the action we have told the provider to take at the end of this report. We have made 2 recommendations to the provider regarding safe recruitment and medicines.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Harlington House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two inspectors, an inspection manager and an Expert by Experience completed this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Harlington House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Harlington House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 6 months and had submitted an application to register. We are currently assessing this application.

### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We visited the service on 3 occasions, 1 of these visits was completed on an evening. We spoke with 6 people who use the service and 6 relatives. We spoke to 6 staff members, including the manager. We looked at medicine's records and medicine stock. We reviewed 3 people's care plans and risk assessments. We reviewed documentation relating to staff recruitment, training and supervision and paperwork relating to the health and safety of the service. We looked at the governance arrangements for medicines, risk, environment and infection control including the providers policy and audits.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. Improvements had been made at the service, but processes were not yet fully embedded.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's health had not always been consistently monitored. For example, 2 people needed their weight monitoring, and this hadn't been reviewed as outlined in the care plan. This meant any risks associated with people's weight was not been effectively identified.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained enough information for staff to follow to keep people safe.
- The provider had a robust approach to ensure ligature risks were well managed. Staff attended regular rescue drills and felt confident to respond appropriately in an emergency.
- The environment was well managed, and any potential risks had been identified and mitigated. The service had changed their fire doors since the last inspection and the buildings were secure and locked. One relative commented, "Security has improved massively."
- People told us they felt safe. One relative told us, "It's a big comfort to know they are happy."

### Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient numbers of suitably trained staff. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff recruitment was not robust. Gaps in staff's employment had not always been accounted for and feedback from references had not been considered in relation to potential risk or performance issues.

We recommend the provider reviews their recruitment process to ensure they are robust, and people are of good character.

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. One staff member told us, "People's needs met, people get their 1:1 and think [The new staffing] works well."
- The service had a method of calculating safe staffing levels and this was being used effectively. This was reviewed regularly and linked to the rotas.
- People had a clear care plan outlining their need for additional hours and how these were to be used. Staff were 'allocated' to work with specific people, and this was protected so people received the care they required.
- Every person's record contained a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

#### Using medicines safely

- Medicines were managed safely and were stored securely and appropriately.
- Time sensitive medicines were not always given at the time documented on the medicine administration record. We could not see this had impacted anyone's health and the manager was quick to remedy this.
- People were assessed to see if they were suitable to manage their own medicines. Two people were involved in self-administering some of their medicines with support from staff. This was reviewed regularly to demonstrate the amount of support was safe and appropriate.
- Guidance and records were in place to support the safe administration of topical medicines. However, the records for 1 person showed that a barrier cream was not applied at the frequency listed on the guidance.

We recommend the provider's reviews their process relating to time specific medicines to ensure people are receiving their medicines as prescribed.

#### Preventing and controlling infection

- We could not be assured infections were being prevented and controlled adequately. Staff were observed not wearing any Personal Protective Equipment (PPE) in line with government guidance. This put people at increased risk of infection.
- The service was clean. There was a regular schedule for cleaning which included high touch areas and deep cleans. Staff competency was checked to ensure cleaning was completed to a high standard.
- The service's infection prevention and control policy were up to date.

#### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on safeguarding and could demonstrate they knew how to recognise and report abuse.
- Safeguarding concerns had been made to the local authority as required.

#### Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and the manager investigated incidents and shared lessons learned.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible,



people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection, people did not receive an individualised and person-centred approach to their care. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received personalised care and were given choice and control over how they received their care.
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. People's goals were reviewed regularly.
- People were involved in planning their own care and created a menu together. One staff member told us, "We do a weekly menu, and this is created by people who live here. We go through the menu and create alternatives for each person too."
- People were supported to understand their rights and explore meaningful relationships. For example, education was being provided to people regarding healthy eating and gender.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs. Relatives spoke highly of staff. One relative said, "The staff are marvellous. They know [Persons name]'s triggers and how to calm them easily."

End of life care and support

- People did not have end of life care plans in place which outlined their preferences. However, a recent audit had identified this, and this was included on the manager's improvement plan of the service.
- Managers and staff were not aware of the Learning from Deaths Mortality Review (LeDeR) Programme. Therefore, managers and staff could not make changes to care provided from any learning shared.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis.
- The provider had recently employed an additional member of staff specifically to provide activities and facilitate outings into the community for people. People told us this had made a positive difference to their care.
- The provider had increased activities available in the service such as board games, books and a gaming

console. These had been made accessible to people rather than them having to ask to use them.

- Each person had a file relating to activities specifically, this outlined their preferences, needs and feedback on any recent activities. It also included their preferences for the birthday celebrations and any other personal events.

Improving care quality in response to complaints or concerns

- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has improved to requires improvement. This meant processes had been put in place to improve the service, but they had not yet been effectively embedded.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to assess, monitor and improve the quality of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had quality assurance systems in place however these were not always effective in identifying concerns. Some issues found at this inspection had not been identified, such as time specific medicines and people's weight not been monitored and reviewed monthly. If these continued not to be monitored, people could be at risk of avoidable harm.
- People's care plans did not always contain the most up to date information regarding their needs and how they were to be supported. For example, one person's care plan made reference to a medication they were no longer prescribed.
- Staff knew people well, but risk assessments did not always give specific instruction for staff to follow. It was not always clear when staff should escalate something as a concern. One care plan stated staff should monitor a person's weight but did not give any specific detail to staff to ensure there was an objective and consistent approach.
- Staff had failed to assess the risk of infection and follow guidance relating to mask wearing. Staff were observed not wearing any mask but informed us they knew they should be wearing one.
- The manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed. However, the manager was new in post and needed more time to embed their systems and develop their staff team.

Governance systems were not effective to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at an increased risk of harm. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager acted immediately to rectify any issues identified during the inspection and provide assurances.

- People spoke highly of the manager, one person said, "[The manager] will say they are going to do something and they will do it."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Staff promoted choice and independence of people. We observed staff promoting people's skills and encouraging them to take positive risks. One staff member reflected on the improvements and told us, "People are getting more choice, promoting more independence and I think they have a better quality of life."
- Staff, relatives and visiting professionals told us the new manager had set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The service apologised to people, and those important to them, when things went wrong.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The manager had an extensive action plan which was reviewed and updated regularly. This included feedback from previous inspections, visiting professionals and their own audits.
- The manager had made significant progress to the service since the last inspection and acknowledged this was, "The start of their journey".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, and those important to them, worked with managers and staff to develop and improve the service. Relatives told us they had good communication with the staff and weekly catch up calls.
- People were asked to shape the service and supported with menu planning and choosing activities. The activities co-ordinator spoke to each person individually but there was also weekly meetings for people to attend if they wanted to. The manager informed us they had plans to include people in the recruitment of new staff also.
- Feedback was sought formally through a questionnaire sent to families, staff and visiting professionals. Responses had been analysed and shared with the wider team.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. This was a breach of 17 (1) (2) (b).